

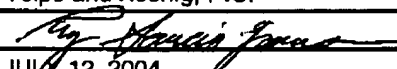
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/783,774
	Filing Date	February 15, 2001
	First Named Inventor	Robert A. Vito
	Art Unit	3676
	Examiner Name	Barrett, Suzanne Lale Dino
Total Number of Pages in This Submission	Attorney Docket Number	VIT-PT034RE

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Declaration for Reissue Patent Application to correct errors statement 37 CFR 1.175 (1 pg.)
Remarks <div style="text-align: center;">OFFICIAL FACSIMILE</div> 2 PAGES SENT VIA FACSIMILE TO 703-872-9306. PLEASE IMMEDIATELY DELIVER TO EXAMINER Barrett, GROUP ART UNIT 3676.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Ruy M. Garcia-Zamor	Reg. No. 44,117
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CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being sent Via Facsimile (703-872-9306) addressed to: Examiner Barrett, Group Art Unit 3676, on this date:		
Typed or printed name	Ruy M. Garcia-Zamor	
Signature		Date JULY 12, 2004

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PTO/SB/518 (02-01)

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SUPPLEMENTAL DECLARATION FOR REISSUE PATENT APPLICATION TO CORRECT "ERRORS" STATEMENT (37 CFR 1.175)	Attorney Docket Number	VIT-PT034RE
	First Named Inventor	Robert A. Vito
	COMPLETE	
	Application Number	09 / 783,774
	Filing Date	February 15, 2001
	Group Art Unit	3676
	Examiner Name	Barrett, Suzanne Lale Dino

I/We hereby declare that:

Every error in the patent which was corrected in the present reissue application, and which is not covered by the prior oath(s) and/or declaration(s) submitted in this application, arose without any deceptive intention on the part of the applicant.

I/We hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Robert A.		Vito	
Inventor's Signature	Date		
	7-8-04		7-8-04
Name of Second Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Name of Third Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Name of Fourth Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Page 1 of 1

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